



COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION
This declaration is of the following type:
(check one applicable item below)
x original.
design.
supplemental.
NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do <u>not</u> check next item; check appropriate one of last three items.
national stage of PCT.
NOTE: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR C-I-P.
divisional.
continuation.
continuation-in-part (C-I-P).
INVENTORSHIP IDENTIFICATION
WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.
My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:
TITLE OF INVENTION
Method for selecting a bearer service for a service in a mobile telecommunications system



SPECIFICATION IDENTIFICATION

(complete (a), (b), or (c))	
f	
(a) x is attached hereto	
(b) was filed on as Serial No. 0/	
or Express Mail No., As Serial No. not yet known	
and was amended on	(if applicable).
NOTE: Amendments filed after the original papers are deposited with the PTO that filing date by being referred to in the declaration. Accordingly, the amenda application papers or, in the case of a supplemental declaration, are the encompassed in the original statement of invention or claims. See 37 CFR 1.	ments involved are those filed with the nose amendments claiming matter not
(c) was described and claimed in PCT International Application	No.
, filed on	and as
amended under PCT Article 19 on	(if any).
ACKNOWLEDGEMENT OF REVIEW OF PAPERS ANI	DUTY OF CANDOR
I hereby state that I have reviewed and understand the contents of the including the claims, as amended by any amendment referred to above.	
I acknowledge the duty to disclose information, which is material to Code of Federal Regulations, § 1.56,	patentability as defined in 37,
(also check the following items, if desire	d)
and which is material to the examination of this application, nare is a substantial likelihood that a reasonable Examiner would consume whether to allow the application to issue as a patent, and in compliance with this duty, there is attached an information accordance with 37 CFR 1.98.	nsider it important in deciding
PRIORITY CLAIM (35 U.S.C § 119(a)-	-(d))
I hereby claim foreign priority benefits under Title 35, United States Capplication(s) for patent or inventor's certificate or of any PCT internated least one country other than the United States of America listed below any foreign application(s) for patent or inventor's certification(s) designating at least one country other than the United States are subject matter having a filing date before that of the applicationed.	ational application(s) designating below and have also identified cate or any PCT international States of America filed by me on
(complete (d) or (e)	
(d) no such applications have been filed.	
(e) x such applications have been filed as follows.	
NOTE: where item (c) is entered above and the International Application which desi check item (e), enter the details below and make the priority claim.	ignated the U.S. itself claimed priority



PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

			· ·		
COUNTRY (OR INDICATE	APPLICATION NUMBER	DATE OF FILING	PRIORITY CLAIMED UNDER 37 USC 119		
IF PCT)		(day, month, year)	UNDER 3	7 USC 119	
Finland	19991692	9 August 1999	x YES	ио 🗌	
			YES	№ □	
			YES	NO 🗌	
			YES	NO 🗌	
			YES	по 🗌	
CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (34 U.S.C. § 119(e)) I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:					
PROVISIONAL APPLIC	CATION NUMBER	FILII	NG DATE		
/				_	

				·	

CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S) **UNDER 35 U.S.C. 120**

The claim for the benefit of any such applications are set forth in the attached
ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY
FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN-PART (C-I-P)
APPLICATION

ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR C-1-P APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

(list name and registration number)

Clarence A. Green

(24,622)

Mark F. Harrington

(31,686)

(check the following item, if applicable)

Attached, as part of this declaration and power of attorney, is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO: (Name and telephone number)

Clarence A. Green Perman & Green, LLP Clarence A. Green $(203)\ 250 - 1800$

425 Post Road Fairfield, CT 06430

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.



SIGNATURE(S)





NOTE:

Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of sole	or first inventor			
Satu			Mäkelä	
(GIVEN NAME)	(MIDDLE INITIA	AL OR NAME)	FAMILY (OR LAST NAME)	
	Satu Makela			•
Inventor's signature				
Date	21 July 2000	Country of Citizenship	Finland	
Residence	Koulukatu 16 A 10 FIN-33200 Tai	mpere, Finland	····-	
Post Office Address	Koulukatu 16 A 10 FIN-33200 Tai	mpere, Finland		
				•
Full name of sec	ond joint inventor, if any			
Jouni	ma joint inventor, it any		Smolander	
	(MIDDLE NUTT	AL OR MANEY		
(GIVEN NAME)	(MIDDLE INITIA	AL OR NAME)	FAMILY (OR LAST NAME)	
Inventor's signature	1 56	0		
Date	21 July 2000	Country of Citizenship	Finland	
	Pellervonkatu 22 A 13, FIN-33540		* *************************************	•
Residence				
Post Office Address	Pellervonkatu 22 A 13, FIN-33540	Tampere, Finiand		····
Full name of thi	d joint inventor, if any			
(GIVEN NAME)	MIDDLE INITIA	L OR NAME	FAMILY (OR LAST NAME)	
Inventor's signature				
Date		Country of Citizenship		•
Residence		, <i>o.</i>		
Post Office Address				



(check proper box(es) for any of the following added page(s) that form a part of this declaration)

Signature for fourth and subsequent joint inventors. Number of pages added	
* * *	
Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added	
* * *	
Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added	
* * *	
Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47)	
* * *	
Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application. Number of pages added	
* * *	
Authorization of attorney(s) to accept and follow instructions from representative.	
* * *	
(if no further pages form a part of this Declaration, then end this Declaration with this page and check the following item)	
This declaration ends with this	page.